

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000912

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEN WITH VISION INC.

Current Principal Place of Business:

POST OFFICE BOX 4456
MILTON, FL 32572

New Principal Place of Business:

5417 CAMILLE GARDEN CIRCLE
MILTON, FL 32570

Current Mailing Address:

POST OFFICE BOX 4456
MILTON, FL 32572

New Mailing Address:

FEI Number: 59-3438969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLS, LEON
5417 CAMILLE GARDEN CIRCLE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, JAMES
Address: 8135 JAMIE DR
City-St-Zip: MILTON, FL 32583

Title: P () Delete
Name: WALLS, LEON
Address: 5417 CAMILLE GARDEN CIR
City-St-Zip: MILTON, FL 32571

Title: T () Delete
Name: BREWTON, ALFRED
Address: 6033 BREKENRIDGE DR
City-St-Zip: MILTON, FL 32570

Title: VP () Delete
Name: MCCLARTY, THOMAS
Address: 5449 CAMILLE GARDEN CIRCLE
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: DANIELS, WILLIAM
Address: 5720 FALCON DR.
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: BREWTON, LARRY
Address: 6150 KATRINA DR
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED D. BREWTON

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date